

Iowa Department of Human Services
REQUEST TO SUSPEND SUPPORT- COVER LETTER

Date: _____
Case Number: _____
Worker Name: _____
Worker ID: _____

Child Support Recovery Unit

Telephone () _____

_____ contacted our office for assistance in suspending a support order. Enclosed is the *Request to Suspend Support*, form 470-3033, for you to complete to begin the suspension process.

☐ If the Child Support Recovery Unit (the Unit) is not currently enforcing your order, you must also complete the enclosed *Application for Non-Assistance Support Services*, form 470-0188. If you have any questions, contact the Unit listed above. The Unit has also sent the *Request to Suspend Support* to the other parties named in the order. We can't continue with the request to suspend the order until all necessary parties have completed and returned a *Request to Suspend Support*.

☐ If you have any questions, contact the Child Support Recovery Unit (the Unit) listed above. The Unit has also sent the *Request to Suspend Support* to the other parties named in the order. We can't continue with the request to suspend the order until all necessary parties have completed and returned a *Request to Suspend Support*.

Please read the instructions and forms carefully.

Complete the form to the best of your ability. Sign the request form when you fill it out (read the instructions for further information about completing this form).

☐ Sign the Certification Statement when you fill out the *Application for Non-Assistance Support Services*.

All current support orders shared by the same parties and for the same children must be suspended. You can use the request form to ask for suspension of more than one order if all of the orders involve the same parties. Although the order establishing support may require more than one person to pay support, this suspension process will only suspend support ordered against the person listed as the obligor in Part 2 on the *Request to Suspend Support*.

Notes: The Child Support Recovery Unit attorney does not represent either parent. The attorney-client relationship is only between the child support attorney and the State of Iowa. Either parent may get a private attorney.

Under this process, support can only be suspended for Iowa orders and out-of-state orders over which the state of Iowa has jurisdiction. The Unit will let you know if there are any orders that it can't suspend. If an order requires you to pay support that the Unit can't suspend, we will continue to enforce that support obligation. To stop this enforcement you must end the support order in the state that has jurisdiction over the order. We can tell you what state may be able to end the order.

☐ Obligee

Iowa Department of Human Services
REQUEST TO SUSPEND SUPPORT

Instructions and Legal Authority:

Iowa Code section 252B.20 authorizes the Child Support Recovery Unit (the Unit) to provide assistance in suspending a support order it is enforcing, based on either of the following two circumstances:

1) Reconciliation: The parents and all of the children entitled to ongoing support in the order live together as members of the same household. For this reason, the Unit will suspend child support, medical support, and spousal support, if applicable.

2) Change in Residency: All of the children entitled to ongoing support in the order now live with the person ordered to pay support. For this reason, the Unit will suspend child support and medical support, but NOT spousal support.

To get this service, the Unit must already be enforcing the order. You can apply for services if you aren't already getting them.

Notice:

Under this process, we can only suspend Iowa orders or out-of-state orders over which the state of Iowa has jurisdiction. Iowa does not have the power to end any orders under the jurisdiction of other states. We will continue to enforce support obligations under orders that we can't suspend. To stop this enforcement, you must end the support order in the state that has jurisdiction over the order.

If another state's child support enforcement agency is enforcing a support order for you, you may need to contact that state's agency and request case closure.

Read Pages 3 and 4 of this Form. They contain important information about additional limits or conditions for this service.

To Request Suspension:

1. Complete this request form. Please read and complete each item carefully.

Note: All current support orders with the same obligor, obligee and children, must be suspended. Use one request form. List all of the orders to be suspended that involve the same parties. Although the order establishing support may require more than one person to pay support, this suspension process will only suspend support ordered against the person listed as the obligor in Part 2 of this *Request to Suspend Support*.

2. Sign the request form.
3. Return the completed request form to the Unit handling your case. We will use the information you provide to determine if we can help you in suspending a support order.

Iowa Department of Human Services
REQUEST TO SUSPEND SUPPORT

Part 1. The Basis for Suspension

☐ Reconciliation ☐ Change In Residency

Part 2. Necessary Party Information

Obligor Information (person ordered to pay support):

Name: _____
(first middle last)

Obligee Information (person entitled to get support):

Name: _____
(first middle last)

Assignee* (if applicable):

Name: _____
(first middle last)

Second Assignee* (if applicable):

Name: _____
(first middle last)

*An assignee is a caretaker or an agency who currently receives support for the children named in the order.

Part 3. Court Order Information (List *all* orders affecting the same obligor, obligee, and children.):

Court Order Number	Date Filed	County	Includes Spousal Support?	
_____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 4. Children For Whom Support Is Ordered

	Name (first middle last)	Birth Date	Living with (mother, father, other - specify)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Are there more support orders/children entitled to support? ☐ Yes ☐ No

If necessary, list additional court orders and children on the back of this page using the same format as above.

Part 5. Types of Support Suspended

By asking for suspension of the orders listed above in part 3, you are asking that when a suspension order is filed, enforcement of support be suspended including:

- Child support
- Medical support
- ☐ • Spousal support

☐ **If this is the obligee version:**

Part 6. Option To Satisfy(give up your right to) Past Due Support

As the obligee, you have the right to satisfy unpaid child support due you under any orders that the Unit suspends. When you satisfy unpaid support, it is no longer due you. **If you want to get information about satisfaction of support, place an "X" next to the statement below:**

☐ **Send me information about my right to satisfy unpaid child support due me.**

Important Information about Suspending Support Orders

Conditions

- This service is only for support orders entered or registered in the state of Iowa that the Unit is enforcing.
Note: We will continue to enforce any support orders that aren't suspended.
- The reason for suspension must be expected to last for at least six months from the date we receive the request to suspend support.
- The reason for suspension must apply to **all** of the children currently entitled to ongoing support under the order to be suspended. This service can't be used to suspend part of a child support obligation when the reason for suspension does not apply to all of the children.
- The Unit will only accept a request for suspension of the same order once every two years.
- Both the obligor and obligee must sign a *Request to Suspend Support*, form 470-3033 and the *Affidavit Regarding Suspension of Support*, form 470-3032. The *Affidavit Regarding Suspension of Support* must be notarized. If support is currently redirected or assigned, the assignee must also sign the *Request to Suspend Support* and the *Affidavit Regarding Suspension of Support*.

☐ Case Number: _____

☐ NPA Application

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Effect of Suspension

- When the reason for suspension is *reconciliation* of the parents, the order suspends ongoing support and medical support for any child, spouse, or former spouse, entitled to support under the suspended order.
- When the reason for suspension is a change of residency of the children, the order suspends ongoing support and medical support for any child entitled to support under that order.
- Ongoing support is suspended on the date a suspension order is entered with the court. However, any support that was due before the order's effective date continues to be due and can be collected by any means allowed by state or federal law.
- The support order may be reinstated if, within six months of the date an order is entered suspending support:
 - Either the obligor, obligee, or assignee requests reinstatement or,
 - The children entitled to support begin receiving public assistance and the parent previously ordered to pay support is not part of the public assistance household.The Unit will notify you of any action to reinstate the support obligation.
- If the support order is reinstated, no support can be collected for the period the order was suspended.

Note: To ask for reinstatement, send your written request to the Unit providing enforcement services. The request must state the reason you want the order reinstated and include enough information to identify the order and parties involved. You may ask us to give you a form to fill out to request reinstatement.

- If the suspended order is not reinstated, the suspension becomes permanent six months after the entry of the suspension order. However, a new support order can still be entered against either parent if conditions later change. Only old support order ends and cannot be reinstated.

Reminders

- If you get public assistance, we can't process your request for suspension until you tell your county Department of Human Services (DHS) office about your change in household membership. You must tell the county DHS office whether the children's parents reconciled or the children began living with only the parent currently ordered to pay support. If you do not tell the county DHS office about the change, your public assistance eligibility or benefit levels may change. You may receive assistance benefits in error which you will later have to pay back to the state.
- The Unit employs or contracts with attorneys to provide legal services. These attorneys act on behalf of the state. The child support attorney ***does not*** represent either parent. The attorney-client relationship is between the child support attorney and the state, ***NOT*** between the attorney and either parent or other party.
- Either parent may get a private attorney.

Certification Signature:

I have read the information above. In addition, I state that I expect the reason for suspending the support order(s) indicated in this request to continue for at least six months.

☐ Obligor or Assignee ☐ Obligor Date: _____

Signature of person who helped complete this form, if applicable. Date: _____

Title (for CSRU use only) Date: _____

Relationship to obligor and/or obligee: _____ Date: _____

Fair Information Practices Act Disclosure Statement

The Child Support Recovery Unit (the Unit) uses the information requested to determine whether to proceed with your request to suspend support. Information you provide on this form may appear in court documents and become a matter of public record. All information requested on this form is required, except Part 3: court order information. You have to provide all required information on this form, or the Unit won't suspend the order.

Policy on Nondiscrimination

No person shall be discriminated against because of race, color, national origin, sex, age, mental or physical disability, creed, religion, or political belief when applying for employment, or when applying for, or receiving benefits or services from the Iowa Department of Human Services.

If you think you have been the object of discrimination, you may file a complaint with the Iowa Department of Human Services by completing a Discrimination Complaint form. This form can be obtained from any Human Services office or the Diversity Programs Unit. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were discriminated against **because of** your race, creed, color, national origin, sex, religion, or disability); or the United States Department of Health and Human Services, Office for Civil Rights.

Iowa Department of Human Services
Diversity Programs Unit 1st Fl
1305 E Walnut
Des Moines IA 50319-0114

Iowa Civil Rights Commission
211 E Maple St 2nd Fl
Des Moines IA 50309-1858

U.S. Department of Health and Human Services
Office for Civil Rights Region VII
Federal Bldg Rm 248
601 E 12th St
Kansas City MO 64106

☐ Case Number: _____
470-3033 (Rev. 6/2001)

☐ NPA Application